

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

MR

FIRST

Brian

MI

P

NICKNAME

LAST

CWeren

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

One Greenway Plaza Suite 325
Houston TX 77046

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 622-2111

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

MR

FIRST

Sanford

MI

L

NICKNAME

LAST

Dow

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

8 Greenway Plaza 14th Floor
Houston TX 77046

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 526-3700

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☒

Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

10 / 31 / 05

THROUGH

Month

Day

Year

11 / 12 / 05

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 08 / 05

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council District C

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Brian Cweren

16 ACCOUNT # (Ethics Commission file)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 22,941.29

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 29,518.25

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

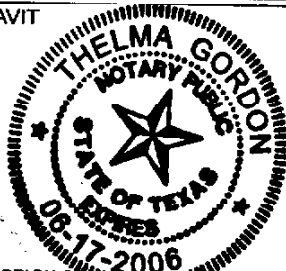
0

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY SEAL IN THE ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

B. P. Cweren

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Brian P. Cweren, this the 17 day of January, 20 06, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Brian Cweren		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kenneth H. Kates 6 Contributor address: City: State: Zip Code: Houston TX 77046-0102	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/31	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Houston Police Patrolmen's Union Contributor address: City: State: Zip Code: Houston TX 77018	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/8	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linda S. Lighthill Contributor address: City: State: Zip Code: Houston TX 77388	Amount of contribution (\$) \$650.00	In-kind contribution description (if applicable) party supplies
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/8	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Marie Cweren Contributor address: City: State: Zip Code: Houston TX 77096	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable) food for election night
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/8	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Christine Levin Contributor address: City: State: Zip Code: Houston TX 77231-1657	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable) food for election night
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/31

5 Full name of contributor

☐ out-of-state PAC (ID#)

Latafatn Hussain

6 Contributor address: City: State: Zip Code

Seabrook TX 77586-5827

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/31

Full name of contributor

☐ out-of-state PAC (ID#)

Harvey L West

Contributor address: City: State: Zip Code

Houston TX 77056

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/8

Full name of contributor

☐ out-of-state PAC (ID#)

Michelle Blum

Contributor address: City: State: Zip Code

Houston TX 77096-4212

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

food for election night

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/8

Full name of contributor

☐ out-of-state PAC (ID#)

Dan Sline

Contributor address: City: State: Zip Code

Houston TX 77071

Amount of contribution (\$)

\$ 75.00

In-kind contribution description (if applicable)

food for election night

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/2

Full name of contributor

☐ out-of-state PAC (ID#)

Kelli Glanz Minson

Contributor address: City: State: Zip Code

Houston TX 77095

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Brian Cwveren

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/3

5 Full name of contributor

☐ out-of-state PAC (ID#)

Youval Meicler

6 Contributor address; City; State; Zip Code

[REDACTED]
Houston TX 770117 Amount of
contribution (\$)\$100.⁰⁰8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/7

Full name of contributor

☐ out-of-state PAC (ID#)

Kensinger and Co. LLC

Contributor address; City; State; Zip Code

[REDACTED]
Houston TX 77056Amount of
contribution (\$)\$250.⁰⁰In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/31

Full name of contributor

☐ out-of-state PAC (ID#)

Stephen Whitburn

Contributor address; City; State; Zip Code

[REDACTED]
San Diego, CA 92104Amount of
contribution (\$)100.⁰⁰In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/31

Full name of contributor

☐ out-of-state PAC (ID#)

Charles Talisman

Contributor address; City; State; Zip Code

[REDACTED]
Houston TX 77031-3604Amount of
contribution (\$)250.⁰⁰In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/12

Full name of contributor

☐ out-of-state PAC (ID#)

Brian Cwveren

Contributor address; City; State; Zip Code

[REDACTED]
Houston TX 77046Amount of
contribution (\$)3,000.⁰⁰In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:**2** FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)**4** Date

11/7

5 Full name of contributor☐ out-of-state PAC (ID#:

Larry A. Rose

6 Contributor address; City; State; Zip Code

Houston TX 77096

7 Amount of
contribution (\$)200.⁰⁰**8** In-kind contribution
description (if applicable)**9** Principal occupation / Job title (See Instructions)**10** Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Brian Cweren

Contributor address; City; State; Zip Code

Houston TX 77046

Amount of
contribution (\$)5,000.⁰⁰In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/2

Full name of contributor

☐ out-of-state PAC (ID#:

Edward Weinhaus

Contributor address; City; State; Zip Code

Houston TX 77071

Amount of
contribution (\$)100.⁰⁰In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/12

Full name of contributor

☐ out-of-state PAC (ID#:

Kenneth Zindler

Contributor address; City; State; Zip Code

Houston TX 77024

Amount of
contribution (\$)\$125.⁰⁰In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/8

Full name of contributor

☐ out-of-state PAC (ID#:

Fred Meyer

Contributor address; City; State; Zip Code

Houston TX 77099

Amount of
contribution (\$)300.⁰⁰In-kind contribution
description (if applicable)Office
space

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

11/8

Gary Katz

6 Contributor address; City; State; Zip Code

Houston TX 77021

2850.⁰⁰

billboard

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

11/8

Fred Meyer

Contributor address; City; State; Zip Code

Houston TX 77079

700.⁰⁰

office
space

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

11/2

Tisha Keel

Contributor address; City; State; Zip Code

Houston TX 77056

~~1550.⁰⁰~~
3,075.⁰⁰

Ads

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

11/1

Christine Levin

Contributor address; City; State; Zip Code

Houston TX 77231-1657

500.⁰⁰

Furniture
Movers

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

11/2

Brian Cweren

Contributor address; City; State; Zip Code

Houston TX 77046

540.⁰⁰

phones

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The instruction guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

Brian Cweren

7 Amount of
contribution (\$)8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

Houston TX 77046

3,076.²⁵

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Brian Cwernen		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/31	5 Payee name Joe Williams 6 Payee address; City: State; Zip Code 17519 Lonesome Dove Trail Houston TX 77095	7 Amount (\$) \$250.⁰⁰
8 Purpose of payment (See instructions regarding type of information required.) Staff		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10/31	Payee name Elizabeth Leventhal Payee address; City: State; Zip Code PO Box 1258 Rancho Santa Fe CA 92067	Amount (\$) \$21.¹⁷
Purpose of payment (See instructions regarding type of information required.) Reimbursement for Pizza for workers		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10/31	Payee name Jewish Harold Voice Payee address; City: State; Zip Code 3403 Audley Houston TX 77098	Amount (\$) \$1,008.⁰⁰
Purpose of payment (See instructions regarding type of information required.) Ad		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/1	Payee name Tejas office Products Payee address; City: State; Zip Code 1225 W. 20th St. Houston TX 77008	Amount (\$) \$102.¹⁰
Purpose of payment (See instructions regarding type of information required.) Supplies		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Brian Cwernen

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/1

5 Payee name

Human Point Resources

6 Payee address; City; State; Zip Code

7520 Hornwood Dr #901
Houston TX 77036

7 Amount (\$)

\$ 200.⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

Technical Support

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

11/1

Payee name

Christine Levin

Payee address; City; State; Zip Code

PO Box 31657
Houston TX 77231-1657

Amount (\$)

\$ 140.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Staff

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

11/1

Payee name

Christine Levin

Payee address; City; State; Zip Code

PO Box 31657
Houston TX 77231-1657

Amount (\$)

\$ 400.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

staff

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

11/1

Payee name

Luby's Cafeteria

Payee address; City; State; Zip Code

6223 Bellaire Blvd.
Houston TX 77081

Amount (\$)

44.⁰⁸

Purpose of payment (See instructions regarding type of information required.)

Lunch w/ staff

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/11

5 Payee name

Patrick Crossman

6 Payee address; City; State; Zip Code

8102 Braesview Lane
Houston TX 77071

7 Amount (\$)

\$ 287.00

8 Purpose of payment (See instructions regarding type of information required.)

Reimbursement for supplies

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

11/2

Payee name

Eddie Mayo

Payee address; City; State; Zip Code

3002 Southmore #2
Houston TX 77004

Amount (\$)

\$ 400.00

Purpose of payment (See instructions regarding type of information required.)

sign placement

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

11/3

Payee name

International Mailing Systems

Payee address; City; State; Zip Code

815 Live Oak St.
Houston TX 77003

Amount (\$)

4,980.23

Purpose of payment (See instructions regarding type of information required.)

Mailing

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

11/4

Payee name

Joe Williams

Payee address; City; State; Zip Code

17519 Lonesome Dove Trail
Houston TX 77095

Amount (\$)

350.00

Purpose of payment (See instructions regarding type of information required.)

staff

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)**4** Date

11/7

5 Payee name

Kight Printing

6 Payee address; City; State; Zip Code5750 Bintliff Dr #202
Houston TX 77036**7**Amount
(\$)\$ 10,970.⁰⁰**8** Purpose of payment (See instructions regarding type of information required.)

Printing

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

11/7

Payee name

United Stars INC

Payee address; City; State; Zip Code6740 Harwin Dr #B
Houston TX 77036**Amount**
(\$)\$ 342.⁰⁷**Purpose of payment** (See instructions regarding type of information required.)

T-shirts

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

11/8

Payee name

Charles Ammas

Payee address; City; State; Zip Code3002 Southmore #2
Houston TX 77004**Amount**
(\$)\$ 72.⁰⁰**Purpose of payment** (See instructions regarding type of information required.)

staff

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

11/8

Payee name

Ivanola Wimbush

Payee address; City; State; Zip Code3002 Southmore #2
Houston TX 77004**Amount**
(\$)\$ 72.⁰⁰**Purpose of payment** (See instructions regarding type of information required.)

staff

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

Brian Cwernen

3 ACCOUNT # (Ethics Commission filers)**4** Date

11/8

5 Payee name

Lasonya Mayo

6 Payee address; City; State; Zip Code3002 Southmore #2
Houston TX 77004**7** Amount (\$)\$ 72.⁰⁰/₁₀₀**8** Purpose of payment (See instructions regarding type of information required.)

staff

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

11/11

Payee name

Eddie Mayo

Payee address; City; State; Zip Code3002 Southmore #2
Houston TX 77004**Amount (\$)**\$ 350.⁰⁰/₁₀₀**Purpose of payment (See instructions regarding type of information required.)**

sign placement

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

11/11

Payee name

Joe Williams

Payee address; City; State; Zip Code17519 Lonesome Dove Trail
Houston TX 77095**Amount (\$)**\$ 250.⁰⁰/₁₀₀**Purpose of payment (See instructions regarding type of information required.)**

staff

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

11/11

Payee name

Joe Williams

Payee address; City; State; Zip Code17519 Lonesome Dove Trail
Houston TX 77095**Amount (\$)**\$ 50.⁰⁰/₁₀₀**Purpose of payment (See instructions regarding type of information required.)**

staff

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/11

5 Payee name

P.O.P.S.

6 Payee address; City; State; Zip Code

4800 Calhoun Rd
Houston TX 77004

7 Amount (\$)

\$ 336.⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

block-walking

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

11/11

Payee name

Bellaire Debate Team

Payee address; City; State; Zip Code

5100 Maple
Bellaire TX 77401

Amount (\$)

\$ 150.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

block-walking

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

11/18

Payee name

Omni Information Services

Payee address; City; State; Zip Code

PO Box 1607
Friendswood, TX 77549

Amount (\$)

\$ 1,381.³⁰

Purpose of payment (See instructions regarding type of information required.)

advocacy calls

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

11/14

Payee name

Christine Levin

Payee address; City; State; Zip Code

11619 Landsdowne
Houston TX 77046

Amount (\$)

190.⁵⁵

Purpose of payment (See instructions regarding type of information required.)

Staff

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)**4** Date

11/14

5 Payee name

Christine Levin

6 Payee address; City; State; Zip Code

PO Box 31657

Houston TX 77231-1657

7 Amount (\$)

\$ 2955.00

8 Purpose of payment (See instructions regarding type of information required.)

Staff

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

11/17

Payee name

Michael Franks

Payee address; City; State; Zip Code

602 Koehl

Wharton TX 77488

Amount (\$)

\$ 734.50

Purpose of payment (See instructions regarding type of information required.)

Signs

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

11/18

Payee name

Copy Dr

Payee address; City; State; Zip Code

3814 Bissonnet

Houston TX 77005

Amount (\$)

23.22

Purpose of payment (See instructions regarding type of information required.)

Copies

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

11/22

Payee name

Joe Williams

Payee address; City; State; Zip Code

17519 Lonesome Dove Trail

Houston TX 77045

Amount (\$)

\$ 424.00

Purpose of payment (See instructions regarding type of information required.)

Staff

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Brian Cweien

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/13

5 Payee name

Fastsigns

6 Payee address; City; State; Zip Code

6823-B Spencer Hwy.
Pasadena TX 77505

7 Amount (\$)

\$ 1056.³³

8 Purpose of payment (See instructions regarding type of information required.)

magnets / stickers

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

1/13

Payee name

SBC

Payee address; City; State; Zip Code

555 Main St RM 228-CR
Beaumont TX 77701

Amount (\$)

1,024.⁷⁰

Purpose of payment (See instructions regarding type of information required.)

services for offices

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

1/13

Payee name

EZ Mail Management

Payee address; City; State; Zip Code

6420 Richmond Ave. Ste 100
Houston TX 77057-5939

Amount (\$)

82.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

postage

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

1/13

Payee name

Jean Johnson

Payee address; City; State; Zip Code

214 Stoneycreek
Houston TX 77024

Amount (\$)

800.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Info Consultation

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G.

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Piccadilly

6 Payee address; City; State; Zip Code

Houston TX 77046

8 Amount
(\$)

20.19

7 Purpose of expenditure (See instructions regarding type of information required.)

lunch w/ Clara Pruitt

☒ Reimbursement
from political
contributions
intended

Date

Payee name

VORTEX

Payee address; City; State; Zip Code

Houston TX 77024

Amount
(\$)

95.26

Purpose of expenditure (See instructions regarding type of information required.)

computer repair

☒ Reimbursement
from political
contributions
intended

Date

Payee name

Sam's Club

Payee address; City; State; Zip Code

Houston TX 77081

Amount
(\$)

123.20

Purpose of expenditure (See instructions regarding type of information required.)

Office Supplies

☒ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)☐ Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

Brian Cweren

2 ACCOUNT # (Ethics Commission files)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

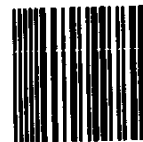


I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder



9264



77251

U.S. POSTAGE
PAID
HOUSTON, TX
77033
JAN 17, 06
AMOUNT

\$6.32
00039726-07

weren
ren Campaign
way Plaza Ste. 325
TX 77046

Ms. Anna Russell
City Secretary
PO Box 1562
Houston TX 77251

